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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/942,161	08/29/2001	David Glazer	7663-5000	6819
28765 7590 07/25/2007 WINSTON & STRAWN LLP PATENT DEPARTMENT 1700 K STREET, N.W. WASHINGTON, DC 20006			EXAMINER PAULA, CESAR B	
			ART UNIT 2178	PAPER NUMBER
			MAIL DATE 07/25/2007	DELIVERY MODE PAPER

**Please find below and/or attached an Office communication concerning this application or proceeding.**

The time period for reply, if any, is set in the attached communication.

<b>Interview Summary</b>	<b>Application No.</b> 09/942,161	<b>Applicant(s)</b> GLAZER ET AL.	
	<b>Examiner</b> CESAR B. PAULA	<b>Art Unit</b> 2178	

All participants (applicant, applicant's representative, PTO personnel):

(1) CESAR B. PAULA.

(3) BILL MARTIN.

(2) PEJMAN SHARIFI.

(4) \_\_\_\_\_.

Date of Interview: 19 July 2007.

Type: a) ☒ Telephonic b) ☐ Video Conference  
c) ☐ Personal [copy given to: 1) ☐ applicant 2) ☐ applicant's representative]

Exhibit shown or demonstration conducted: d) ☐ Yes e) ☒ No.

If Yes, brief description: \_\_\_\_\_.

Claim(s) discussed: 63.

Identification of prior art discussed: PRIOR ART OF RECORD.

Agreement with respect to the claims f) ☐ was reached. g) ☒ was not reached. h) ☐ N/A.

Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: DISCUSSED DIFFERENCES BETWEEN THE CLAIMED INVENTION AND THE PRIOR ART OF RECORD.

(A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.)

THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER OF ONE MONTH OR THIRTY DAYS FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.

  
CESAR PAULA  
PRIMARY EXAMINER

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.

\_\_\_\_\_  
Examiner's signature, if required

# WINSTON & STRAWN LLP

Facsimile

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Fax Number: 571-273-4128

FROM: Pejman Sharifi, Esq.  
(212-294-2603)

DATE: July 5, 2007

CHARGEBACK:

12942

7663-5000

**PLEASE DELIVER AS SOON AS POSSIBLE**

RECIPIENT	COMPANY	FAX NO.	PHONE NO.
Examiner Ceaser Paula Group Art 2178	U.S. Patent and Trademark Office	1-571-273-4128	1-571-272-4128

Total number of pages including this page: 2

COMMENTS
Application Serial No. 09/942,161 Applicant: Glazer et al. Art Unit: 2178 Examiner: Ceaser Paula Please see the attached. Thank you.
IF YOU DO NOT RECEIVE ALL THE PAGES, PLEASE CALL OUR FAX OPERATOR AS SOON AS POSSIBLE. THANK YOU.

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Approved for use through 09/30/2007 OMB 0551-0031  
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### Applicant Initiated Interview Request Form

Application No.: 09/942,161 First Named Applicant: Glaizer et al.  
Examiner: Cesar Pauls Art Unit: 2178 Status of Application: pending Action

#### Tentative Participants:

(1) Pejman Sharifi, Esq. (2) J. Singh, Esq. (Possibly in Person) RSP  
(3) Bill Martin - open text (4) \_\_\_\_\_

Proposed Date of Interview: July 10th Proposed Time: 2 (AM/PM)

#### Type of Interview Requested:

(1) ☒ Telephonic (2) ☐ Personal (3) ☐ Video Conference  
Possible J. Singh will attend in person - will notify

Exhibit To Be Shown or Demonstrated: ☐ YES ☒ NO  
If yes, provide brief description: \_\_\_\_\_

### Issues To Be Discussed

Issues (Rej., Obj., etc)	Claims/ Fig. #s	Prior Art	Discussed	Agreed	Not Agreed
(1) <u>All prior art rejections, specifically indep. claims</u>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Continuation Sheet Attached					

#### Brief Description of Arguments to be Presented:

- ① Discuss invention features, problems addressed and ~~the~~ claims.
- ② Explain features existing in claim that distinguish over cited art
- ③ Discuss possible amendments to overcome prior art if suggested

An interview was conducted on the above-identified application on \_\_\_\_\_.

NOTE: This form should be completed by applicant and submitted to the examiner in advance of the interview (see MPEP § 713.01).

This application will not be delayed from issue because of applicant's failure to submit a written record of this interview. Therefore, applicant is advised to file a statement of the substance of this interview (37 CFR 1.133(b)) as soon as possible.

Applicant's Representative Signature

Pejman Sharifi Att. No. 212-

Typed/Printed Name of Applicant or Representative

45,097

Registration Number, if applicable

Examiner/SPE Signature

294-  
2603

Please call if you have questions.

This collection of information is required by 37 CFR 1.133. The information is required to obtain or retain a benefit by the public when a to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2